

1. <input type="checkbox"/> No 2000 Covered Lives Assessment Obligation	2. <input type="checkbox"/> No 2000 Patient Services Surcharge Obligation	3. <input type="checkbox"/> Patient Services Payments Report Submitted Separately by Fund or TPA
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ANNUAL PAYOR REPORT

NEW YORK STATE DEPARTMENT OF HEALTH 2000 PUBLIC GOODS POOL REPORT OF COVERED LIVES ASSESSMENTS

FOR THE JANUARY 1 THROUGH DECEMBER 31, _____ REPORT YEAR

PAYOR NAME	_____	FEDERAL TAX ID#	_____
TPA NAME (if applicable)	_____	TPA FEDERAL TAX ID#	_____

V. Enter the number of **2000** covered lives (to the nearest whole number) under or (over) reported for prior periods (Prior Period Adjustments). If the payor erroneously submitted monthly reports during the current reporting year, enter any remaining adjustments to **2000** covered lives previously reported.

(Please note that, as mentioned in further detail in the instructions, the only amounts to be reported on the 2000 covered lives portion of the reports are prior period adjustments. As a result, Lines A through L have been eliminated. Thus the 2000 covered lives portion begins with Lines M and N.)

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	TOTAL COVERED LIVES	REGION							
		NEW YORK CITY	LONG ISLAND	NORTHERN METRO	NORTH-EASTERN	UTICA/ WATERTOWN	CENTRAL	ROCHESTER	WESTERN
(M)	# INDIVIDUALS								
(N)	# FAMILY								

VI. Schedule of regional covered lives annual assessment rates.

	ANNUAL ASSESSMENT RATE	REGION							
		NEW YORK CITY	LONG ISLAND	NORTHERN METRO	NORTH- EASTERN	UTICA/ WATERTOWN	CENTRAL	ROCHESTER	WESTERN
(O)	INDIVIDUAL UNIT	110.86	35.57	19.62	23.34	4.23	29.68	54.61	20.20
(P)	FAMILY UNITS	365.83	117.38	64.74	77.02	13.95	97.95	180.22	66.65

2000

ANNUAL PAYOR REPORT

2000 Public Goods Pool REPORT OF COVERED LIVES ASSESSMENTS – con’t

FOR THE JANUARY 1 THROUGH DECEMBER 31, _____ REPORT YEAR

PAYOR NAME _____ FEDERAL TAX ID# _____
TPA NAME (if applicable) _____ TPA FEDERAL TAX ID# _____

VII. Enter the **2000** regional covered lives assessment amounts. **Lines Q through S – Round to the nearest tenth. Line T – Round to the nearest whole dollar.**

	ANNUAL ASSESSMENT	REGION							
		NEW YORK CITY	LONG ISLAND	NORTHERN METRO	NORTH- EASTERN	UTICA/ WATERTOWN	CENTRAL	ROCHESTER	WESTERN
(Q)	INDIVIDUAL UNIT (M x 0)								
(R)	FAMILY UNITS (N x P)								
(S)	TOTALS (Q + R)								
(T)	TOTAL 2000 COVERED LIVES PAYMENT LIABILITY (S / 12)								

VIII. Enter the total **2000** covered lives assessment balance due for the year (Total Line T) - Carry forward to the Payment and Reconciliation Summary.

2000